

National Institute of Sports Science

DIPLOMA IN SPORTS – 2020

Passport size photo

(I) Full Name: - Mr/Mrs/Miss									
(II) Name with Initials:									
(IV) National Identity Card No:									
Address:-									
(I) Private:-									
(II) Official:-									
(III)Telephone Official :									
Date of Birth :- Year Month Day									
Age on 30/04/2019 :- Year Month Day									
State whether a Citizen of Sri Lanka:									
(by descent or by registration):-									
(I) Sex :									
(II) Marital Status:									
Whether you are employed or not :-									
(I) Post :									
(II) Duration of the service.:									
(III) Working Place:									

Educational Qualifications:-			Educational Qualifications:-						
(i) G.C.E. (Ordinary Level) Year									
Exam No									
Subjects	Grade	Subjects	Grade						
Subjects	Grade								
(III) Other Education Qualification (Highest Exam/Degree)									
Y	'ear								
Exam No									
Exam No	Grade								

	abilities – Please attach the photo copies)							
1	. Performance at National Sports Festival District/Provincial/National							
2	. Performance at National Competitions conducted by National Sports Associations							
3	3. Participat							
9. (I)	According to the gazette notification, Please state, under which qualification category of 1.1 that you are eligible to apply for the course.							
	a	b	c	d	e			
(II)) Give deta	ils of qual	ifications	relevant to	the catego	ry stated above:		
10.	O. Any other special remarks:-							
		•••••			•••••			
12.	Whether you are prepared to pay a course fee of Rs.60000/= if selected :-							
	•••••	•••••	•••••	••••••	•••••			
	shed by me	-	_			orrect. I am aware that if the Particulars able to be disqualified and removed from		
_								
L	Oate:					Applicant's Signature		

Achievements in Sports :-(Please include your Certificates of highest achievements and special

8.

For Government / Local Government / Corporation En	nployees only:
Director, National Institute of Sports Science:	
I recommend herewith the application of Mr./Mrs./M employee of	working as
Address:	
	Signature of the Certifying Officer (Confirmation with the rubber frank)
Date:	
Name of the Certifying Officer :	
Designation :	